

## PART B—ISSUE FEE TRANSMITTAL

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**Assistant Commissioner for Patents  
Washington, D.C. 20231**

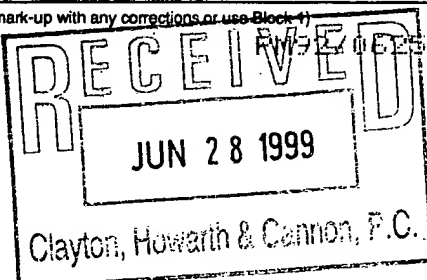
SEP 20 1999

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**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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020449  
KARL R CANNON  
PO BOX 1909  
SANDY UT 84091



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### Certificate of Mailing

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Karl R. Cannon

(Depositor's name)

*Karl R. Cannon*

(Signature)

September 17 1999

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/828,802	03/27/97	016	CHARLES, M	3682 06/25/98
First Named Applicant	35 USC 154(b) term ext. = 0 Days.			

TITLE OF INVENTION

CONTINUOUSLY VARIABLE RECIPROCATING TRANSMISSION DEVICE

SEP 22 1999

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 T4664	074-117.000	V04	UTILITY	YES	\$605.00	09/27/98

1. Change of correspondence address or indication of "Fee Address". (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 CLAYTON,

2 HOWARTH &

3 CANNON, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Please check the appropriate assignee category indicated below (will not be printed on the patent)

- ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

- ☒ Issue Fee
- ☒ Advance Order - # of Copies 10

4b. The following fees or deficiency in these fees should be covered:

DEPOSIT ACCOUNT NUMBER 50-0836  
(ENCLOSE AN EXTRA COPY OF THIS FORM)

- ☐ Issue Fee
- ☐ Advance Order - # of Copies

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

*Karl R. Cannon*

(Date)

9-16-99

**NOTE:** The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS OFFICE. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

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**DOCKETED**

Description	Dates	Initials
Issue Fee due	25 Sep '99	RS
09/21/1999 STEFERRI 00000172-00020002		
01 FC:242	605.00 OP	
02 FC:561	30.00 OP	

INITIAL

TRANSMIT THIS FORM WITH FEE